

Please return within 10 business days

September 2002 - 2003

→ [This form is not required if you will be paying full fee.]

**Office for Children
School Age Child Care Program
Financial Information**

12011 Government Center Pkwy., 9th Floor
Fairfax, Virginia 22035

Child(ren)'s Name(s)

Billing Parent/Guardian

Last Name

First Name

MI

Billing Address

Street

City

State

Zip

Home Phone #

Work Phone #

Social Security #

SACC Account #

In order to receive reduced SACC fees, please do the following:

1. Submit a copy of a **current pay stub** (no Tax Returns or W2's) for all adults in the household living together as a family who share income and expenses. If income varies by pay period, please send three consecutive pay stubs.
2. Complete the Household Income Information below. Return pay stubs along with this form to the address above or fax to 703-324-3919. If you do not return financial information, you will be assessed full fee.

Note: Additional forms/documentation will be required if your household income qualifies for state funding.

Household Income Information Worksheet:

	Gross Annual Total
Mother's/Stepmother's (Salary)	\$
Father's/Stepfather's (Salary)	\$
Alimony/Child Support	\$
Other Income	\$
Gross Annual Household Total	(line 1) \$

Deductions:

Number of children under the age of 18 in the household X \$2,900	(line 2)	(-) \$
Adjusted Income	(line 1 minus line 2)	(=) \$

I certify that this income information is a true and accurate statement of the financial status and composition of my household. I understand that giving inaccurate or erroneous information may result in loss of SACC services. I will notify SACC Registration within 10 days if any information changes. I understand that any fee reduction resulting from changes in the household income information will become effective from the point of receipt forward, and will not be retroactive to past bills.

Parent/Guardian Signature

Date

Questions? Call SACC Registration at (703) 449-8989